

EMPOWERED TO **INFLUENCE** AND **INSPIRE!**

**ANNUAL DECLARATION OF INTEREST,  
DISCLOSURE & CONFIDENTIALITY ATTESTATION  
INSETA BOARD & BOARD COMMITTEES**

I, the undersigned accept that all information, documentation and decisions regarding any matter serving before meetings of the above Board/Board committees are confidential. Therefore, I undertake not to disclose any confidential information in this regard, unless authorised to do so.

I also declare that in my capacity as a member/attendee of the above meeting:

- I will not purposely favour or prejudice any person.
- I have no undeclared business interest with respect to the items being discussed.
- I have no business relationship/loans with respect to the items being discussed.
- I have no personal/family relationship/s with respect to the items being discussed.
- There are no Directorship/s, officer and/or employee relationships with respect to the items being discussed.
- I am not the recipient of any gifts and privileges to declare with respect to the items being discussed.

*(All my business interests, relationships and/or directorships are disclosed in the attached annexure)* Should any of the information pertaining to this declaration change during the year, I hereby undertake to inform INSETA in writing, and to note such interest/conflict in the INSETA Declarations register which is presented at every meeting for members/attendees to complete.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2025

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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## ANNEXURE A: DECLARATION OF INTERESTS & DISCLOSURE

1. Do you hold any Trusteeships/Directorships on any Boards, State/Public Entities and/or Departments?

Yes
  No

2. Do you have any business dealings with any State/Public Entity, department or insurance sector entities?

Yes
  No

3. Are you currently employed by or within an organ of state and/or a state/public entity? If yes, please specify the details hereunder.

Yes
  No

***If yes to any of the above questions, complete below and disclose further detail.***

FULL NAME OF ENTITY	YOUR ROLE / RELATIONSHIP	PERIOD (from date- to date)

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***If yes to any of the above questions, complete below and disclose further detail.***

FULL NAME OF ENTITY	YOUR ROLE / RELATIONSHIP	PERIOD (from date- to date)

4. Do any of your family members hold any Directorships/Trusteeship on any Boards, State/Public Entities and/or Departments?

Yes
  No

5. Do any of your family members have any business dealings with any State/Public Entity, Department or insurance sector entities?

Yes
  No

***(For the purposes of this declaration family includes parents, spouses, siblings and children.)***

***If yes to any of the above questions, complete below and disclose further detail.***

FULL NAME OF ENTITY	FAMILY MEMBER ROLE / RELATIONSHIP WITH ENTITY	PERIOD (from date- to date)

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***If yes to any of the above questions, complete below and disclose further detail.***

FULL NAME OF ENTITY	FAMILY MEMBER ROLE / RELATIONSHIP WITH ENTITY	PERIOD (from date- to date)

“State” means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

“Shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.